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A1 Incorporate

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Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To: Division of Corporations  
Fax Number : (850) 617-6381

From: Account Name : CSH SERVICES, LLC  
Account Number : I20070000160  
Phone : (800) 494-3124  
Fax Number : (561) 455-9885

CLERK OF STATE  
TALLAHASSEE, FLORIDA

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**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

**FLORIDA PROFIT/NON PROFIT CORPORATION  
INNOVATIVE ANSWERING ASSISTANCE INC.**

Certificate of Status	0
Certified Copy	0
Page Count	02
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**ARTICLES OF INCORPORATION**

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

2009 JUN 25 P 12: 54  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE I NAME**

The name of the corporation shall be:

INNOVATIVE ANSWERING ASSISTANCE INC.

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailing address is:

4411 BEE RIDGE ROAD #362  
SARASOTA, FLORIDA 34233

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is to engage in any activity or business permitted under the laws of the State of Florida.

**ARTICLE IV SHARES**

The number of shares of stock is:

1,500 COMMON SHARES PAR VALUE \$0.01

**ARTICLE V INITIAL OFFICERS / DIRECTORS (optional)**

The name(s), address(es), and title(s) of the directors and officers is/are:

PRESIDENT, SECRETARY, TREASURER

ANTHONY CASTIGLIONE

4411 BEE RIDGE ROAD #362  
SARASOTA, FLORIDA 34233

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PAGE 2 INNOVATIVE ANSWERING ASSISTANCE INC. SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address of the registered agent is:

ANTHONY CASTIGLIONE  
4411 BEE RIDGE ROAD #362  
SARASOTA, FLORIDA 34233

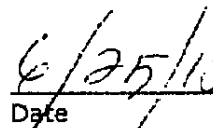
**ARTICLE VII INCORPORATOR**

The name and street address of the incorporator is:

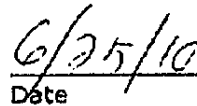
ANTHONY CASTIGLIONE  
4411 BEE RIDGE ROAD #362  
SARASOTA, FLORIDA 34233

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity.

  
\_\_\_\_\_  
ANTHONY CASTIGLIONE / Registered Agent

  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
ANTHONY CASTIGLIONE / Incorporator

  
\_\_\_\_\_  
Date

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